|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Customer Contact Information: | | | | | | | |
| Name |  | | | Position |  | | |
| Company |  | | | | | | |
| Street |  | | | | | | |
| City |  | State/Prov. |  | Postal Code |  | Country |  |
| Phone |  | Fax |  | Email |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sales Representative Contact Information: | | | | | | | | | | |
| Name |  | | | |  | | | | | |
| Street |  | | | | | | | | | |
| City |  | State/Prov. | |  | Postal Code | |  | | Country |  |
| Phone |  | Fax | |  | Email | |  | | | |
| Salesforce Opportunity # | |  | Anticipated Close Date | | |  | |  | | |

|  |  |  |
| --- | --- | --- |
| *SONARtrac*TM Flow Meter Request | | |
| Size: 2” – 36”; Specify size, pipe type and # of units  (please attach application information sheet or data sheet from customer if applicable): |  | |
| Software/Product:  **VF  GVF  VF/GVF  GH-100  TAM-100  HD Series** | | |
| Transmitter Power:  **AC  DC** | | |
| Communications:  **Modbus  Foundation Fieldbus** | | |
| Preamp:  **.3 Hz** (-01A)  **1.8 Hz** (-02A) **12 Hz** (-03A) **18 Hz** (-05A) **.3Hz w/ 25x lower gain** (-04A) **.3Hz w/ 2.5x lower gain** (-06A) | | |
| Location Rating:  **Ordinary Location  Class I Division 2  Class I Zone 2 ATEX** | | |
| End location of meter if different from customer address above (city, state, country): | |  |

**Installation Options:**

|  |  |
| --- | --- |
| Cable Length: | **25’  50’  75’  100’  125’  150’  175’  200’  225’   250’  300’  Unknown Length** *(table of sizes will be provided)* **Regular** (CA-1-XXXX) **Armored-UL** (CA-7-XXXX) **Armored-CSA** (CA-3-XXXX) |
| Other Options: | **Tx Pole Mount  Rainguard (2-16” only)  Segmented Sensor Band** |
|  | **Thermal Barrier** |

|  |  |
| --- | --- |
| **Customer Price Point** | List Price:       Discount to Apply\*: |
| **Customer Requested Lead Time** |  |
| **Estimated Install/Startup Travel Costs** |  |

\* Discounts greater then 20% require business unit leader and CFO approval.

|  |  |  |
| --- | --- | --- |
| Send Quote to: | Customer (copy to Rep) | Sales Rep |

|  |
| --- |
| **Additional Information?:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Submitted to CiDRA:** |  | **Quotation Due Date:** |  |

Please submit completed form to:

Client Services & Support, CiDRA Corporate Services, 50 Barnes Park North, Wallingford, CT 06492

Phone: 203-626-3421 Fax: 203-294-4211 Email: [werickson@cidra.com](mailto:werickson@cidra.com); [agarner@cidra.com](mailto:agarner@cidra.com); [sales@cidra.com](mailto:sales@cidra.com)

For CiDRA Use Only:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received: |  | Date Responded: |  | Quote #: |  |

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**CiDRA**

50 Barnes Park North

Wallingford, CT 06492

203-265-0035

www.cidra.com